

# HMIS Intake Outreach

For persons entering HMIS project type: **Outreach**

Client ID: \_\_\_\_\_

Project Name: \_\_\_\_\_

Staff Completing HMIS Form: \_\_\_\_\_

**Identification** - All fields required unless otherwise noted

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Name Data Quality: Did the client provide their full name?	Social Security Number (SSN) ____ - ____ - ____	Birth Date (DOB) ____ / ____ / ____
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

**Basic Demographics – All fields required unless otherwise noted**

**Ethnicity**

- Hispanic/Latino(a)(o)(x)** is a person of Central American, Latin American, or South American origin, separate from race.
- Non-Hispanic/ Non-Latino(a)(o)(x)** is a person NOT of Central American, Latin American, or South American origin, separate from race.
- Client Doesn't Know**
- Client Refused**

**Race (Check all that apply)**

- American Indian, Alaska Native, or Indigenous** is a person having origins to any of the indigenous peoples of North and South America, including Central America.
- Asian or Asian American** is a person having origins of Asian descent, including but not limited to Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.
- Black, African American, or African** is a person having origins to any of the Black racial groups of Africa, including Afro-Caribbean.
- Native Hawaiian or Pacific Islander** is a person having origins in any of the indigenous peoples of Hawaii, Guam, Samoa, or another Pacific Island.
- White** is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Client Doesn't Know**
- Client Refused**

**Gender (Check all that apply)** Client authorizes update in HMIS if gender is different?  Yes  No

- Female** is a person who lives or identifies as female.
- Male** is a person who lives or identifies as male.
- A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)** is a person who lives or identifies as a gender other than female, a gender other than male, a gender outside the binary, no gender, more than one gender, a culturally specific gender, or a gender that changes over time.
- Transgender** is a person who lives or identifies with a transgender history, experience, or identity.
- Questioning** is a person who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time.
- Client Doesn't Know**
- Client Refused**

<b>Veteran</b> (Have you ever served in the U.S. Military?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>Disabling Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>Date of Engagement</b>	____ / ____ / ____	
<b>Project Start Date</b>	____ / ____ / ____	

## Universal Data Assessment

**Living Situation:** Identify the type of residence and length of stay at that residence just prior to (i.e., program admission)

**1. What was the situation you were living in immediately prior to project entry? (The night before)**

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
- Safe Haven
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Rental by client, with VASH subsidy
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Rental by client, with GPD TIP subsidy
- Permanent housing (Other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client doesn't know
- Client refused

**2. Length of stay in prior living situation?**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

**3. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**4. Regardless of where they stayed last night number of times the client has been on the streets, in ES, or SH in the past three years including today?**

- One Time
- Two Times
- Three Times
- Four or more times
- Client Doesn't Know
- Client Refused

**5. Total Number of months homeless on the streets, in ES, or SH in the past three years**

- One Month (this time is the first month)
- 2-12 (        months)
- More than 12
- Client Doesn't Know
- Client Refused

<b>Health Insurance</b>		
<input type="checkbox"/> Yes (Enter the Source)	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused		
<b>Health Insurance Sources</b>	<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> State Children's Health Insurance (SCHIP) <input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Health Insurance Adults (Medi-cal) <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other _____
<b>Barriers:</b>		
	<b>Barrier Present</b>	<b>Condition is Indefinite</b>
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
<b>Domestic Violence</b>		
<b>Domestic Violence Experience?</b>	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>When Experience Occurred?</b>	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago <input type="checkbox"/> 6 months to one year	<input type="checkbox"/> One year ago or more <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>If yes, are you currently fleeing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Financial Assessment			
Income Source	Stated Income (Monthly)	Non-Cash Resources	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income ( <i>employment wages / cash</i> )	\$	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony	\$		
<input type="checkbox"/> Other Income	\$		

**Contact**

**Date of Contact** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Current Living Situation: Outreach**

*Record the client's current living situation information below.*

- 1. Living Situation:**
- Place not meant for habitation
  - Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
  - Safe Haven
  - Foster care home or foster care group home
  - Hospital or other residential non-psychiatric medical facility
  - Jail, prison or juvenile detention facility
  - Long-term care facility or nursing home
  - Psychiatric hospital or other psychiatric facility
  - Substance abuse treatment facility or detox center
  - Residential project or halfway house with no homeless criteria
  - Hotel or motel paid for without emergency shelter voucher
  - Rental by client, with VASH subsidy
  - Transitional housing for homeless persons (including homeless youth)
  - Host Home (non-crisis)
  - Staying or living in a family member's room, apartment or house
  - Staying or living in a friend's room, apartment or house
  - Rental by client, with GPD TIP subsidy
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  - Rental by client, with RRH or equivalent subsidy
  - Rental by client, with HCV voucher (tenant or project based)
  - Rental by client in a public housing unit
  - Rental by client, with no ongoing housing subsidy
  - Rental by client, with other ongoing housing subsidy
  - Owned by client, with ongoing housing subsidy
  - Owned by client, no ongoing housing subsidy
  - Other: \_\_\_\_\_
  - Worker unable to determine
  - Client doesn't know
  - Client refused

<b>2. Is client going to have to leave their current living situation within 14 days?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused

<b>3. Has a subsequent residence been identified?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused

<b>4. Does individual or family have resources or support networks to obtain other permanent housing?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused

<b>5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused

<b>6. Has the client moved 2 or more times in the last 60 days?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

**Record Contact**

**Contact Service:** \_\_\_\_\_  
(Please list the service provided)